## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10696163

| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                   |  |   |                        |                                   |              |                  |            | SMALL ENTITY TYPE   |                        |        | OTHER THAN R SMALL ENTITY |                        |
|--|--|---|------------------------|-----------------------------------|--------------|------------------|------------|---------------------|------------------------|--------|---------------------------|------------------------|
| TOTAL CLAIMS   |  |   | 20                     |                                   | -            |                  | <b>]</b> - | RATE                | FEE                    | 7      | RATE                      | FEE                    |
| FC   | )R   | ·   | NUMBER FILED           |                                   | NUME         | BER EXTRA        |            | BASIC FEE           | 385.00                 | OR     | BASIC FEE                 | 770.00                 |
| TC   | TAL CHARGEA  | ABLE CLAIMS                                 | <i>∫ 1</i> ) minus 20= |                                   | *            | Ò                |            | X\$ 9=              |                        | OR     | X\$18=                    |                        |
| INE  | EPENDENT CI  | LAIMS                                       | 3 mi                   | nus 3 =                           | * D          |                  |            | X43=                |                        | OR     | X86=                      |                        |
| ML   | ILTIPLE DEPEN  | NDENT CLAIM P                               | RESENT                 |                                   |              |                  |            | +145=               |                        | OR     | +290=                     |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2         |  |   |                        |                                   |              |                  |            | TOTAL               |                        | OR     | TOTAL                     | 770                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)                    |  |   |                        |                                   |              |                  |            | SMALL               | ENTITY                 | OR     | OTHER<br>SMALL            |                        |
| (Column 1)   |  |   | T                      | (Colun                            |              | (Column 3)       | ,<br>7 r   | 01117122            |                        | 1      |                           |                        |
| AMENDMENT A  |  | REMAINING<br>AFTER<br>AMENDMENT             |                        | NUME<br>PREVICE<br>PAID F         | BER<br>JUSLY | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                  | **                                |              | =                |            | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|  | Independent  | *   | Minus                  | ***                               | C1 4114      | =                |            | X43=                |                        | OR     | X86=                      |                        |
| L  | FIRST PRESE  | NTATION OF MI                               | JLTIPLE DEF            | PENDENT                           | CLAIM        |                  | ]          | +145=               |                        | OR     | +290=                     |                        |
| TOTAL  |  |   |                        |                                   |              |                  |            |                     |                        | { '    | TOTAL                     |                        |
|  |  |   | ADDIT. FEE             |                                   | OR           | ADDIT. FEE       |            |                     |                        |        |                           |                        |
|  |  | ı   |                        |                                   |              |                  |            |                     |                        |        |                           |                        |
| AMENDMENT B  |  | (Column 1) CLAIMS REMAINING AFTER AMENDMENT |                        | HIGHI<br>NUME<br>PREVIO<br>PAID F | BER<br>USLY  | PRESENT<br>EXTRA |            | RATE                | ADDI-<br>TIONAL<br>FEE |        | RATE                      | ADDI-<br>TIONAL<br>FEE |
|  | Total  | *   | Minus                  | **                                |              | =                |            | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|  | Independent  | *   | Minus                  | ***                               | 01 4144      | =                | ┨╏         | X43=                |                        | OR     | X86=                      | **                     |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                   |  |   |                        |                                   |              |                  |            | +145=               | _                      | OR     | +290=                     |                        |
|  |  |   |                        |                                   |              |                  |            | TOTAL<br>ADDIT. FEE |                        | OR     | TOTAL<br>ADDIT, FEE       |                        |
| (Column 1) (Column 2) (Column 3)   |  |   |                        |                                   |              |                  |            |                     |                        |        |                           |                        |
| ပ  | `  | CLAIMS<br>REMAINING                         |                        | HIGHE<br>NUME                     | ST<br>BER    | PRESENT          | lΓ         | RATE                | ADDI-<br>TIONAL        |        | RATE                      | ADDI-<br>TIONAL        |
|  |  | AFTER<br>AMENDMENT                          | ·                      | PREVIO<br>PAID F                  |              | EXTRA            | 11         | HAIE                | FEE                    |        | HAIL                      | FEE                    |
| AMENDMENT C  | Total  | *   | Minus                  | **                                |              | =                |            | X\$ 9=              |                        | OR     | X\$18=                    |                        |
|  | Independent  | *   | Minus                  | ***                               |              | =                | ┇          | X43=                |                        | OR     | X86=                      |                        |
| Ľ  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |                        |                                   |              |                  |            |                     | · · ·                  | Un     |                           |                        |
| A Make and the selection of in term the order in actions 0 with 100 in actions 2 |  |   |                        |                                   |              |                  |            |                     |                        | OR     | +290=                     |                        |
| **   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |   |                        |                                   |              |                  |            |                     |                        |        |                           |                        |
|  |  | mber Previously Pa                          |                        |                                   |              |                  | er form    | nd in the ann       | ronriate hov           | in col | umn 1                     |                        |